



Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Underground Storage Tank (UST) Program
UST2 - Owner/Operator & Facility Registration

UST Facility Name _____

UST Facility ID # _____

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Notes:

- If this is a new facility registration, MassDEP will provide you with a UST Facility ID Number.

- This form must be submitted within 30 days of new or updated activity.

- The contact information provided here must meet the certification requirement for signatory point of contact for all regulatory correspondence and submittals per 310 CMR 80.11(2).

Check the appropriate category, complete the indicated section(s) & submit with UST1-Cover Sheet/Certification Form.

☐ **Register a New Facility***

Complete the Entire Form

☐ **Register a New UST Owner***

Complete Section A.

☐ **Update Existing Owner Information**

Complete Section A.1. & A.3.

☐ **Update Existing Operator Information**

Complete Section A.2. & A.3.

☐ **Update Existing Facility Information**

Complete Section B.

*Forms for these categories must be submitted by the Owner.

A. Owner/Operator Registration

1. Legal Owner of UST(s)

a. Individual/Entity Name _____

b. Type of Owner: ☐ Private ☐ Federal ☐ State ☐ Municipal ☐ Authority ☐ Military ☐ Non-Profit/Institutional

c. Owner Contact Name _____

d. Address 1 – Note: Enter Mailing Address of Owner _____

e. Address 2 _____

f. City/Town _____

g. State _____

h. Zip Code _____

i. Contact Phone Number _____

j. Email Address _____

k. Federal Employer Identification Number (FEIN)* _____

***Do not provide a Social Security Number as your FEIN.**

l. Date the Owner Acquired the UST(s): _____

MM/DD/YYYY – Note: Provide Actual or Approximate Date

2. Operator of USTs

Check if the Operator is Same as the UST Owner ☐

Note:

- If the facility is leased from the Owner, provide the name of the lessee (i.e. sole proprietor, partnership, LLC, etc.).

a. Individual/Entity Name _____

b. Operator Contact Name _____

c. Email Address _____

d. Address 1 – Note: Enter Mailing Address of Operator _____

e. Address 2 _____

f. City/Town _____

g. State _____

h. Zip Code _____

i. Contact Phone Number _____

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A. Owner/Operator Registration (continued)

3. Authorized Facility Contact

Note:

• This section may only be completed by the Owner of the facility.

- a. Is the Operator authorized to sign and submit updated registrations, third-party inspection reports and compliance certifications on behalf of the Owner?

☐ Yes ☐ No

- b. Identify the point of contact for all MassDEP correspondence regarding UST compliance.

☐ Owner Contact ☐ Operator Contact

B. Facility Registration

Note:

• A new facility must be registered within 30 days of its tank(s) receiving regulated product.

Registration is NOT required for:

• Farm USTs of 1,100 gallons or less used to store fuel for non-commercial purposes OR consumptive use USTs containing heating oil used exclusively for area heating and/or domestic water heating on the premises where stored. A tank used to store waste oil is NOT a consumptive use UST.

1. Facility Location & Description

a. Facility Name

b. Address 1 – Note: Enter Physical Street Address (No P.O. Boxes).

c. Address 2

d. City/Town

e. County

f. State

g. Zip Code

h. Phone Number at Facility

2. Facility Description

- a. Primary Type of Facility:
- ☐ Retail Dispensing: Motor Vehicles ☐ Non-Retail Dispensing: Motor Vehicles
- ☐ Airport ☐ Bulk Storage Facility ☐ Commercial ☐ Farm ☐ Government/Authority
- ☐ Manufacturing ☐ Military ☐ Marina ☐ Utility ☐ Institution/Non-Profit